

Analyses were performed to determine if patients who refused saliva and/or urine tests differed demographically from subjects who consented. The demographic characteristics examined were sex, race and age. Comparison of subjects who failed to comply with either request for saliva or urine specimens with the remainder of the sample produced no statistically significant demographic differences. However, when saliva test refusals and non-refusals were compared, an age differential emerged in a Chi-square analysis for linear trend in proportions ( $p=0.01$ ). Older subjects manifested lower compliance than younger subjects. Whereas overall 9% of subjects refused to provide saliva specimens, refusals ranged from 6% at ages 18-24 years to 13% at ages 35-44 and 65 years and older. No demographic differentials characterized urine test refusals and non-refusals.

## **RESULTS**

### ***Prevalence of Use***

Because this study sample represents Tennessee adult ER visitors, the weighted ER sample will be used throughout in reporting results. Table 4 and Figures 2-4 show the ER patients' prevalence of AOD use by drug type over three reporting periods: lifetime, past 12 months and past 30 days. For expedience, the focus here will be on lifetime and 30-day use. By far the highest prevalence of use was manifested for caffeine, alcohol and tobacco. Caffeine use proved almost universal, with 98% of the patients reporting lifetime use and 90% use in the past 30 days. Respective percentages for alcohol and tobacco are 82% and 67% for lifetime use, and 33% and 44% for 30-day use. Forty-five percent of patients reported using Schedule IV opioids in their lifetime, and 13% said they had done so in the past 30 days. Thirty-seven percent reported lifetime use of marijuana and 8% in the past 30 days. Similar 30-day use prevalence was manifested for tranquilizers (9%) and sedatives (6%). Lifetime use was similar for tranquilizers and Schedule II opioids. Only 1.6% of the sample reported ever using heroin. Corresponding figures for lifetime use of stimulants, hallucinogens and inhalants were 11%, 7.6%, and 3.5%. Anabolic steroid use for bodybuilding was negligible, irrespective of duration of reporting period.

The lifetime prevalence of drug use among ER patients can be placed in a wider context by comparing the results with corresponding ones from the Tennessee Alcohol and Other Drugs Needs Assessment (TAODNA) survey of adults. First, sociodemographic comparisons of the two samples are in order. Compared to members of the TAODNA survey sample, the ER patients were less likely to be female, married, have attended college, and be employed full-time (Table 5). The ER patients also were considerably poorer and younger.

In all major drug use categories, the ER patients reported a higher lifetime prevalence than the TAODNA survey sample (Table 6 and Figure 5). The former were five times more likely to have ever used heroin or inhalants than the householders, and two-and-a-half to